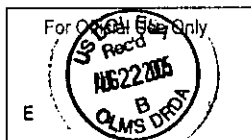


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>12625</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Kuba</u> <u>J</u> <u>Brown</u> P.O. Box, Bldg., Room No., if any _____ Street <u>1027 79th Street</u> City <u>Brooklyn</u> State <u>New York</u> ZIP Code + 4 <u>11228</u>	4. Name, file number, and address of labor organization. Name <u>IUOE Local Union 94, 94A, 94B</u> Labor Organization File Number <u>004-156</u> P.O. Box, Building and Room Number, if any _____ Street <u>331-337 West 44th Street</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10036</u>
5. Position in labor organization. <u>President/Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Cushman & Wakefield</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>51 West 52nd Street</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10019</u>	7.a. Nature of Interest, Transaction, or Income. <u>Lunch meeting</u> 7.b. Amount. <u>\$32</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>8/15/05</u> Date	<u>212-245-7040</u> Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Pryor Cashman Sherman & Flynn, LLP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 410 Park Avenue

City New York

State New York ZIP Code + 4 10022-4441

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Attorney representing the Union

11.b. Approximate dollar value of such dealing.

\$106,961

12.a. Nature of interest held or income received.

Tickets to sporting event/holiday gift basket

12.b. Amount.

\$327

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Kuba Brown

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Schultheis & Panettieri, LLP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 210 Marcus Boulevard

City Hauppauge

State New York

ZIP Code + 4 11788-3740

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Accountant for the Union

11.b. Approximate dollar value of such dealing.

\$28,320

12.a. Nature of interest held or income received.

Lunch meetings

12.b. Amount.

\$219

Name of Person Filing Kuba Brown

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name MacKay Shields

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 9 West 57th Street

City New York

State New York

ZIP Code + 4 10019

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Annuity Fund of the IUOE Local 94,94A,94B

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 331-337 West 44th Street

City New York

State New York

ZIP Code + 4 10036

11.a. Nature of such dealing.

Investment manager for the Annuity Fund.

11.b. Approximate dollar value of such dealing.

\$103,824

12.a. Nature of interest held or income received.

Theatre tickets/Investment Educational luncheon

12.b. Amount.

\$457